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COVER LETTER

	Registration Se Division of Cor		. ′	-
erib iec	ARLENE C			
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		ARLENE ORTIZ		
		ARLENE ORTIZ LLC	Name of Person	
		3013 CAMINO REAL DR	Firm/Company S	
		KISSIMMEE, FL 34744	Address	
		ARLENEOREALTOR@G	City/State and Zip Code MAIL,COM	
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	er information c	oncerning this matter, please co	all:	
ARLENE			407 925-8540 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARLENE ORTIZ LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 01/04/2019	and assigned
Florida document number L19000007225		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	019 SET
B. If amending the registered agent and/or	registered office address on our records	notes the name of the Ge
registered agent and/or the new registered office		T T
		H 0. 58
Name of New Registered Agent:		58 58
New Registered Office Address:		
	Enter Florida street address	
	, Florid	da
	City	In Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EDWIN ORTIZ	3013 CAMINO REAL DR. S	_
		KISSIMMEE, FL 34744	Add
			■ Remove
			Change
			Add
			Remove
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ffoctivo	date, if other than	the date of fili	09/09/2019		(optional)	
`an effectiv <u>Vote:</u> If t	ve date is listed, the date	e must be specific a is block does not	nd cannot be prior t meet the applica	o date of filing or more ble statutory filing r	than 90 days after filing.) equirements, this date v	Pursuant to 605.0207 will not be listed as
	d specifies a dela oth day after the			an effective tim	e, at 12:01 a.m. o	on the earlier of
ated	9-9-		,2019	_		
			MA	_		

Typed or printed name of signee